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DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

**DURABLE POWER OF ATTORNEY
CONTAINING HEALTH CARE SURROGATE
PROVISIONS, PRENEED GUARDIAN DESIGNATION, AND
PROVISIONS RELATING TO TRANSFER OF REAL PROPERTY
INCLUDING HOMESTEAD PROPERTY
(per F.S. Sec. 709.08 as amended in 1995)**

BY THIS DURABLE POWER OF ATTORNEY I, JOHANNA BLASI, "Principal" of Broward County, Florida, appoint as my attorney in fact to manage my affairs as indicated below, JERRY BLASI, husband. Upon the death, failure or inability of him/her to act as my attorney in fact, then I appoint LORETTA DOWNS, to act as Donee of this Power.

This durable power of attorney is not affected by my subsequent incapacity except as provided by Florida Statute Section 709.08, and is exercisable from the date of execution.

1. General Grant of Power

I hereby grant to my Agent full power and authority to exercise or perform any act, power, duty, right or obligation whatsoever that I now have or may hereafter acquire, relating to any person, matter, transaction, or any interest in property owned by me, including, without limitation, my interest in all real property, including homestead real property; all personal property, tangible or intangible; all property held in any type of joint tenancy, including a tenancy in common, joint tenancy with right of survivorship, or a tenancy by the entirety; all property over which I hold a general, limited, or special power of appointment; choses in action; and all other contractual or statutory rights or elections, including, but not limited to, any rights or elections in any probate or similar proceeding to which I am or may become entitled; all as to such property now owned or hereafter acquired by me. I grant to my Agent full power and authority to do everything necessary in exercising any of the powers herein granted as fully as I might or could do if personally present, with full power of substitution or revocation. Except as otherwise limited by applicable law, or by this durable power of attorney, my attorney in fact has full authority to perform, without prior court approval, every act authorized and specifically enumerated in this durable power of attorney. I hereby ratify and confirm that my Agent shall lawfully have, by virtue of this durable power of attorney, the powers herein granted, including, but not limited to, the following:

- a. Collect all sums of money and other property that may be payable or belonging to me, and to execute receipts, releases, cancellations or discharges.
- b. Settle any account in which I have any interest and to pay or receive the balance of that account as the case may require.
- c. Borrow money on such terms and with such security as my attorney may think fit and to execute all notes, mortgages, and other instruments that my attorney finds necessary or desirable.
- d. Draw, accept, endorse, or otherwise deal with any checks or other commercial or mercantile instruments for my benefit, specifically including the right to make withdrawals from any

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savings account or savings and loan deposits.

e. *Redeem bonds issued by the United States government or any of its agencies, any other bonds and any certificates of deposit or other similar assets belonging to me.*

f. *Sell bonds, shares of stock, warrants, debentures, or other assets belonging to me, and execute all assignments and other instruments necessary or proper for transferring them to the purchaser or purchasers, and give good receipts and discharges for all money payable in respect to them. Also, to execute stock powers or similar documents on my behalf and delegate to a transfer agent or similar person the authority to register any stock, bonds, or other securities either into or out of my name or nominee's name.*

g. *Sell, rent, lease for any term, mortgage, or exchange any real estate or interests in it, including homestead property, for such considerations and upon such terms and conditions as my attorney may see fit, and execute, acknowledge and deliver all instruments conveying or encumbering title to property owned by me alone as well as any owned by me and by any other person, jointly. If I am married, the attorney in fact may not mortgage or convey my homestead property without joinder of my spouse or my spouse's legal guardian. Joinder by my spouse may be accomplished by the exercise of authority in a durable power of attorney executed by my joining spouse, and either my spouse or I may appoint the other as attorney in fact.*

Specific Real Estate Powers

The attorney in fact herein named and his/her successor(s) are all granted the authority to sell, to convey, to maintain, to mortgage or to dispose of, the following described property, and to execute any and all documents necessary to effectuate the sale and/or conveyance, and to encumber, and to dispose of, the following described real property, to wit:

See Attached Legal description of property

and such documents shall include, but not be limited to, contracts, deeds, affidavits, bills of sale, closing statements, mortgages, notes, and such other instruments as may be required to carry out the purposes herein expressed, and I hereby give and grant unto the attorney in fact named herein and his/her successor(s), full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney or his/her successor(s), shall lawfully do or cause to be done by virtue hereof.

h. *Manage individual retirement accounts and benefit plans. To exercise all rights, privileges, elections, and options I have with regard to any individual retirement account; pension, profit sharing, stock bonus, Keogh or other retirement plan; or other benefit or similar arrangement; including,*

but not limited to making withdrawals; determining forms of payments on behalf of me or my beneficiaries; making, changing, or altering investment decisions; changing custodians or Trustees; making or completing rollovers; and making direct "Trustee-to-Trustee" or similar type transfers of the assets, rights, or other benefits thereof.

- i. To have access to any safe deposit box to which I have access.
- j. To represent me before the Treasury Department in connection with any matter involving any federal taxes in which I am a party, to make, sign, execute, verify, and file any return required to be made under the revenue laws of the United States, or the Internal Revenue Code; or under the statutes of a state and to file any claim for refund, offer, and compromise or application for a closing agreement, receive refund checks, execute waivers of any period of limitation, request extensions of time, execute any waiver of restrictions on assessment for collection of any tax, and execute Petition of Appeal to the United States Tax Court.
- k. To transfer assets to the then acting Trustee of the Declaration of Trust executed by me, with myself as Grantor and Trustee, as the same may be amended to and including the date of my death, to be held and administered as provided therein;

The above powers conferred upon my attorney in fact extend to all of my right, title and interest in such property as I have an interest jointly with any other person, whether in an estate by the entirety, joint tenancy or tenancy in common.

2. Limitations

Notwithstanding the powers contained in this durable power of attorney, my attorney in fact may not:

- a. Perform duties under a contract that requires the exercise of my personal services;
- b. Make any affidavit as to my personal knowledge;
- c. Vote in any public election on my behalf;
- d. Execute or revoke any will or codicil, Trust or amendment thereto, on my behalf;
- e. Create, amend, modify, or revoke any document or other disposition effective at my death;

3. Health Care Surrogate Provisions

Designation of Health Care Surrogate

(Pursuant to F.S. Sec. 709.08 and Sec. 765)

In the event that I am incapable of making health care decisions or to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogate for health care decisions, the attorney in fact named herein, or his or her successor.

This designation revokes any prior health care surrogate which I may have made.

I fully understand that this designation will permit my surrogate to make health care decisions and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost

of health care; and to authorize my admission to or transfer from a health care facility.

Additional Instructions:

Without limitation on the rights and authority of my Surrogate, my Surrogate may, among other acts and decisions:

1. *Have final authority to act for me and to make health care decisions for me in matters regarding my health care during my said incapacity, which in the opinion of my attorney-in-fact, may be necessary or proper for any purpose in connection with the medical, dental, surgical, psychiatric or custodial care and treatment of myself, my spouse, and my dependents, including, but not limited to, the power (i) to provide for such care and treatment at any hospital, nursing home or institution or for the employing of any physician, psychiatrist, nurse or other person whose services may be needed for such care,*
2. *Consult with appropriate health care providers to provide informed consent in my best interests as the Surrogate perceives same;*
3. *Give any consent in writing using the appropriate consent forms;*
4. *Have access to all of my appropriate clinical records and may authorize the release of information and clinical records to appropriate persons to ensure the continuity of my health care;*
5. *Apply for public benefits, including but not limited to, Medicare and Medicaid, for me, and to have access to information regarding my income and assets to the extent required to make application;*
6. *Authorize the transfer and admission of me to or from a health care facility;*
7. *Seek Court orders providing for the withholding and withdrawal of life-prolonging or death-delaying procedures in accordance with a living will or last illness will and testament or declaration I may have made;*
8. *Do all acts and make all decisions regarding my health care as authorized by law.*

My Surrogate shall not be liable or responsible for any costs or expenses of my medical treatment or care except as expressly stated by Statute and my Surrogate's signature on any admission papers for a health care facility shall not make the Surrogate liable or responsible for any costs and expenses incurred for my care at such health care facility, it being understood that the Surrogate acts for me and in my stead, and I, alone, would be liable or responsible for such costs and expenses.

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility.

4. Multiple Attorneys in Fact: When Joint Action Required

Unless my durable power of attorney provides otherwise;

- (a) *If my durable power of attorney is vested jointly in two attorneys in fact by the same instrument, concurrence of both is required on all acts in the exercise of the power.*

(b) *If my durable power of attorney is vested jointly in three or more attorneys in fact by the same instrument, concurrence of a majority is required in all acts in the exercise of the power.*

(c) *Any attorney in fact who has not concurred in the exercise of authority is not liable to me or any other person for the consequences of the exercise. A dissenting attorney in fact is not liable for the consequences of an act in which the attorney in fact joins at the direction of the majority of the joint attorneys in fact if the attorney in fact expresses such dissent in writing to any of the other joint attorneys in fact at or before the time of the joinder.*

(d) *Unless my durable power of attorney provides otherwise, all authority vested in multiple attorneys in fact may be exercised by the one or more that remain after the death, resignation, or incapacity of one or more of the multiple attorneys in fact.*

5. **INTERPRETATION AND GOVERNING LAW**

This instrument is executed by me in the State of Florida, but it is my intention that this power of attorney shall be exercisable in any other state or jurisdiction where I may have any property or interests in property.

6. **Third Party Reliance**

(a) *Any third party may rely upon the authority granted in my durable power of attorney until the third party has received notice as provided herein.*

(b) *Until a third party has received notice of revocation pursuant to the terms contained herein, partial or complete termination of the durable power of attorney by adjudication of incapacity, suspension by initiation of proceedings to determine incapacity, my death, or the occurrence of an event referenced in this durable power of attorney, the third party may act in reliance upon the authority granted in this durable power of attorney.*

(c) *Third parties who act in reliance upon the authority granted to my attorney in fact hereunder and in accordance with the instructions of the attorney in fact will be held harmless by me from any loss suffered or liability incurred as a result of actions taken prior to receipt of written notice of revocation, suspension, notice of a petition to determine incapacity, partial or complete termination, or my death. A person who acts in good faith upon any representation, direction, decision, or act of my attorney in fact is not liable to me or to my estate, beneficiaries, or joint owners for those acts.*

(d) *My attorney in fact is not liable for any acts or decisions made by him or her in good faith and under the terms of the durable power of attorney.*

7. **Notice**

(a) *A notice, including, but not limited to, a notice of revocation, partial or complete termination, suspension, or otherwise, is not effective until written notice is served upon my attorney in fact or any third persons relying upon this durable power of attorney.*

8. **Validity**

This durable power of attorney shall be non-delegable, except as to the stock powers which may be delegated to a transfer agent per paragraph 1.f. aforementioned, and shall be valid until such time as I shall die, revoke the power, or shall be adjudged totally or partially incompetent by a court of competent jurisdiction. I may revoke the power only by providing written notice to my Agent. All acts of my Agent taken or done without actual knowledge of 1) my death, 2) an adjudication of my incompetency, or 3) my revocation are valid and effective, and are hereby ratified and confirmed.

9. Revocation of Prior Instruments

By this instrument I hereby revoke any power of attorney, durable or otherwise, that I may have executed prior to the date of this durable power of attorney.

I hereby confirm all acts of my attorney in fact pursuant to this power.

Any act that is done under this power between the revocation of this instrument and notice of that revocation to my attorney shall be valid unless the person claiming the benefit of the act had notice of that revocation.

10. Preneed Guardian Designation

In the event of my mental incapacity and further, in the event that it shall become necessary for a court to appoint a guardian of my person or property, then and in such event, I hereby designate my attorney-in-fact, and any successor thereto, to serve as the guardian of my person and property.

IN WITNESS THEREOF, I have set my hand and seal on this 17 day of April, 1996.

Signed, sealed and delivered
in presence of:

Reinaldo L. Moy
REINALDO L. MOY Witness
Pedro Guerra
PEDRO GUERRA Witness

Johanna Blasi
JOHANNA BLASI Principal

STATE OF FLORIDA }
COUNTY OF Broward }

SWORN TO AND SUBSCRIBED before me, this 17 day of April, 1996,
JOHANNA BLASI, who is personally known to me and acknowledged before me that he/she executed the foregoing instrument and who did take an oath.

[Signature]
Notary Public



KENNETH J. SAUNDERS
My Comm. Exp. Sept. 24, 1999
Comm. No. CG 479751
Bonded thru Richard Ins. Agcy